(703) 305-3734

MULTIPLE DEPENDE   CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/ 54088   09/3 54,888   FILING DATE 5/22/00

APPLICANT(S)

CLAIMS   5/22/00   7/25/00

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1		1		1		51							
2							52							
3		2			1		53							
4	1		1			1	54							
5	1	8	1			1	55							
6		8	1			1	56							
7		8	1			1	57							
8		8				1	58							
9		8	1				59							
10	1		1				60							
11		1		1			61							
12					1		62							
13						1	63							
14						1	64							
15						1	65							
16						1	66							
17						1	67							
18						1	68							
19						1	69							
20						1	70							
21						1	71				1			
22						1	72							
23						1	73							
24					1		74							
25							75							
26							76							
27						1	77							
28						1	78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4		4		TOTAL IND.							
TOTAL DEP.			4		19		TOTAL DEP.							
TOTAL CLAIMS		11		23			TOTAL CLAIMS							

CLAIMS ONLY

Application Number	Filing Date
09/554,882	5/22/00

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/14/04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12	1						62						
13							63						
14							64						
15							65						
16							66						
17							67						
18	1						68						
19							69						
20							70						
21							71						
22							72						
23							73						
24	1						74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	19						Total Depend						
Total Claims	23						Total Claims						